

**MARIN COUNTY  
ENVIRONMENTAL HEALTH SERVICES**

**PERMIT APPLICATION**

Please complete, sign, and return with Remittance

Type of Business:		<b>FOR APARTMENTS / POOLS</b>		This Column for: <b>OFFICE USE ONLY</b> Permit Number: Element Code: Health Inspector: Annual Fee: \$
Name of Business:		# of Units:          AP #:          -          -		
SITE ADDRESS of Business:		REMARKS:		
		I hereby certify that I am the owner or authorized representative of the premises for which a permit is applied, and that said premises will comply with all laws and ordinances in effect or hereafter enacted.		
Phone No:		SIGNATURE of owner, partner, corp. officer, or agent.  X _____  DATE ____/____/____		
Owner's Name:				
Owners's Address:				
Owner's Phone:				
MAILING ADDRESS: (for billing/permitting)				
Phone No:				

**MAKE CHECK PAYABLE TO: MARIN COUNTY**

MAIL TO: ENVIRONMENTAL HEALTH SERVICES, CIVIC CENTER, ROOM 236, SAN RAFAEL, CA 94903  
PHONE #: 415-499-6907 FAX #: 415-507-4120

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